

Nursing Management of Specific Populations of Mental Health Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Binge Eating Disorder differs from Bulimia Nervosa in that the client does not aim to rid calories from the body. Which statement correctly reflects this?**
 - A. It always involves purging via vomiting.**
 - B. It is not associated with obesity.**
 - C. It does not involve compensatory behaviors to rid calories from the body.**
 - D. It occurs only in males.**

- 2. Which crisis phase leads to major disorganization if resolution does not occur?**
 - A. Phase 4**
 - B. Phase 1**
 - C. Phase 2**
 - D. Phase 3**

- 3. Phase 4 goal is to evaluate crisis resolution and anticipatory planning; which statement best describes the main objective?**
 - A. Determine whether stated objectives were achieved**
 - B. Prepare for future hospitalization**
 - C. Cancel ongoing care**
 - D. Discontinue supports**

- 4. Which action is recommended for families to protect a suicidal client?**
 - A. Restrict access to firearms or other means of self-harm**
 - B. Share all information publicly**
 - C. Encourage secrecy**
 - D. Ignore**

- 5. Medications used for relief of targeted irritability in ASD include which option?**
 - A. Risperidone**
 - B. Risperidone and Apipirazole**
 - C. Aripiprazole**
 - D. Quetiapine**

- 6. Which of the following is a common cardiovascular sign in severe Anorexia Nervosa?**
- A. Bradycardia**
 - B. Hypertension**
 - C. Tachycardia**
 - D. Hyperglycemia**
- 7. Which statement best describes Bargaining during grief?**
- A. The individual denies the loss.**
 - B. The individual acknowledges loss but tries to negotiate for more time.**
 - C. The individual angrily confronts others.**
 - D. The individual completely accepts the loss.**
- 8. No-suicide contracts are used as what in crisis intervention?**
- A. It is the sole intervention.**
 - B. It is an adjunct to other interventions.**
 - C. It is a type of therapy.**
 - D. It is only used in inpatient settings.**
- 9. Which statement about eating disorder interventions is most consistent with best practice for bulimia and related disorders?**
- A. Strictly enforcing a rigid meal plan without flexibility.**
 - B. Avoiding any discussion about coping strategies.**
 - C. Limiting social activities to prevent triggers.**
 - D. Promoting feelings of control.**
- 10. Which statement best describes NOT a typical withdrawal symptom of alcohol?**
- A. Hallucinations**
 - B. Hypertension**
 - C. Sedation**
 - D. Tremors**

Answers

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1. C
2. A
3. A
4. A
5. B
6. A
7. B
8. B
9. D
10. C

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Explanations

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1. Binge Eating Disorder differs from Bulimia Nervosa in that the client does not aim to rid calories from the body. Which statement correctly reflects this?

A. It always involves purging via vomiting.

B. It is not associated with obesity.

C. It does not involve compensatory behaviors to rid calories from the body.

D. It occurs only in males.

The key idea is the pattern of after-binge behaviors. Binge Eating Disorder involves recurrent binge episodes without the regular use of behaviors to purge or rid calories. In Bulimia Nervosa, people commonly engage in compensatory actions after a binge—vomiting, laxative or diuretic use, excessive exercise, or fasting—to prevent weight gain. Because there are no ongoing compensatory behaviors in BED, stating that it does not involve compensatory methods to rid calories correctly captures this distinction. Keep in mind that BED can be seen in people at various weights, and many with BED are overweight or obese, but obesity itself is not required for the disorder.

2. Which crisis phase leads to major disorganization if resolution does not occur?

A. Phase 4

B. Phase 1

C. Phase 2

D. Phase 3

Crisis phases describe how coping and functioning change as an acute crisis unfolds. When resolution is not achieved, the phase associated with major disorganization is the fourth phase. In this stage, anxiety has escalated to a level that overwhelms the person's ability to problem-solve, plan, or regulate behavior. Disorganized thinking, erratic or unsafe actions, and a collapse in daily functioning can occur, making it hard for the individual to maintain safety or meaningfully engage with support. The focus at this point is rapid stabilization, ensuring safety, and providing a structured environment while beginning to reestablish coping and a path toward reintegration and renewed equilibrium.

3. Phase 4 goal is to evaluate crisis resolution and anticipatory planning; which statement best describes the main objective?

A. Determine whether stated objectives were achieved

B. Prepare for future hospitalization

C. Cancel ongoing care

D. Discontinue supports

Phase 4 in crisis care centers on assessing what happened and planning for the future. The main objective is to determine whether the stated objectives of the crisis intervention were achieved—did the person reach stabilization and safety as planned, and are the target outcomes met? This step is essential because it shows whether the crisis plan worked and informs what comes next, such as what supports to continue, modify, or terminate and how to prepare for potential future crises. Preparing for future hospitalization is not the primary focus of this phase; it's a contingency option, whereas Phase 4 emphasizes evaluating outcomes and guiding anticipatory planning. Cancelling ongoing care or discontinuing supports would undermine safety and recovery, which isn't the goal of this stage.

4. Which action is recommended for families to protect a suicidal client?

A. Restrict access to firearms or other means of self-harm

B. Share all information publicly

C. Encourage secrecy

D. Ignore

Restricting access to firearms or other means of self-harm is a crucial safety step when a client is suicidal. By removing or securing lethal tools, families create a safer environment while clinicians assess and treat the person. This practical action reduces immediate danger and buys time for supportive interventions, crisis planning, and ongoing care. Families can help by asking about access to guns, locking or temporarily transferring ownership of firearms, removing or securely storing ammunition, and removing other potential means such as medications, sharp objects, belts, cords, or anything the person could use to harm themselves. Keeping the patient with someone and following a safety plan are also important parts of this approach. Sharing information publicly violates confidentiality and can create distress or stigma without improving safety. Encouraging secrecy prevents the patient from getting needed help, and ignoring the situation leaves the risk unaddressed and endangers the person.

5. Medications used for relief of targeted irritability in ASD include which option?

- A. Risperidone**
- B. Risperidone and Aripiprazole**
- C. Aripiprazole**
- D. Quetiapine**

Targeted irritability in ASD is often treated with atypical antipsychotics that have strong evidence in this population. Risperidone and aripiprazole are the two medications with approved use for irritability in children with autism, and they're the best choice because they specifically address aggressive outbursts, self-injury, and severe temper tantrums that can accompany ASD. They work by modulating dopamine and serotonin pathways, which helps dampen impulsive and aggressive behaviors without addressing core social-communication deficits directly. When using these medications, start at a low dose and titrate slowly, and monitor for side effects such as weight gain and metabolic changes, sedation, and movement-related symptoms. Quetiapine does not have the same level of evidence or formal approval for ASD irritability, which is why it's not the preferred option here.

6. Which of the following is a common cardiovascular sign in severe Anorexia Nervosa?

- A. Bradycardia**
- B. Hypertension**
- C. Tachycardia**
- D. Hyperglycemia**

In severe Anorexia Nervosa, the body conserves energy, leading to a slowed heart rate. This bradycardia is a common cardiovascular sign because starvation reduces metabolic demand, causes cardiac muscle atrophy, and increases parasympathetic (vagal) activity. As a result, the resting heart rate often falls below normal levels and can be accompanied by low blood pressure. This slower heart rate reflects the body's adaptation to malnutrition rather than acute stress. Hypertension is not typical in this state because volume and metabolic demand are reduced. Tachycardia would suggest a compensatory response to factors like dehydration, electrolyte imbalance, fever, or refeeding, rather than the baseline state of severe starvation. Hyperglycemia is also not a characteristic feature; glucose levels may be normal or even low due to inadequate intake. Therefore, bradycardia best matches the usual cardiovascular pattern seen in severe anorexia nervosa.

7. Which statement best describes Bargaining during grief?

- A. The individual denies the loss.
- B. The individual acknowledges loss but tries to negotiate for more time.**
- C. The individual angrily confronts others.
- D. The individual completely accepts the loss.

Bargaining is a coping phase in grief in which the person acknowledges the loss but tries to negotiate for more time or a reversal of what has happened. People often make “if only” statements or promises to change their behavior in exchange for relief or postponement of the loss. The statement that describes this best—acknowledging the loss yet seeking more time—fits this pattern exactly. Denial, by contrast, involves refusing to accept the reality of the loss, while anger manifests as directed frustration toward others or the situation. Complete acceptance means the person has integrated the loss and is moving forward with life. In clinical care, recognize bargaining as a normal, temporary step—offer empathetic listening, validate the pain, and provide ongoing support while helping the individual navigate realistic ways to cope and plan for the future.

8. No-suicide contracts are used as what in crisis intervention?

- A. It is the sole intervention.
- B. It is an adjunct to other interventions.**
- C. It is a type of therapy.
- D. It is only used in inpatient settings.

No-suicide contracts function as an adjunct to other interventions in crisis intervention. They are a collaborative safety tool used to clarify that the individual will seek help and adhere to a plan during a period of heightened distress, while the clinician continues to provide comprehensive risk assessment, stabilization, and ongoing treatment. They support safety by outlining coping strategies, warning signs, and who to contact, but they do not replace the need for broader care such as psychotherapy, medication management, or 24/7 crisis resources. It's important to view them as part of a larger, multidimensional plan rather than a standalone remedy. They should be voluntary, culturally sensitive, and regularly reviewed, and they are relevant in various settings, not just inpatient. If risk remains high, more intensive interventions and continuous monitoring are necessary, with the contract serving as a bridge to those supports rather than a final solution.

9. Which statement about eating disorder interventions is most consistent with best practice for bulimia and related disorders?

- A. Strictly enforcing a rigid meal plan without flexibility.**
- B. Avoiding any discussion about coping strategies.**
- C. Limiting social activities to prevent triggers.**
- D. Promoting feelings of control.**

Best practice for bulimia and related disorders centers on restoring a sense of control and giving the patient real agency over their eating and emotions. When interventions support control in a healthy, constructive way—such as working with the patient to create a balanced meal plan, establish regular eating patterns, and develop coping strategies for stress or triggers—the urge to binge or purge often decreases. Feeling in control reduces anxiety around food and weight, which lowers the reliance on disordered behaviors as a coping mechanism. Rigidly enforcing a strict meal plan without flexibility can backfire, increasing tension and resistance and potentially intensifying secrecy around eating. Not discussing coping strategies leaves the patient without practical tools to manage cravings, emotions, and triggers. Limiting social activities can cut off important support networks and deepen isolation, making recovery harder. So promoting feelings of control is aligned with helping the patient regain autonomy, develop sustainable eating behaviors, and reduce the cycles of bingeing and purging.

10. Which statement best describes NOT a typical withdrawal symptom of alcohol?

- A. Hallucinations**
- B. Hypertension**
- C. Sedation**
- D. Tremors**

Withdrawal from alcohol produces CNS hyperexcitability as the brain adapts to chronic alcohol exposure. When intake stops, autonomic arousal and excitability rise, leading to tremors, tachycardia, hypertension, sweating, anxiety, and sleep disturbance; in severe cases, perceptual disturbances such as hallucinations and delirium tremens can occur. Sedation is not a typical withdrawal feature because withdrawal involves increased brain activity rather than a depressed or sedated state. Among the options, sedation would reflect ongoing depressant effects or intoxication rather than withdrawal, making it the best choice for NOT a typical withdrawal symptom. Hallucinations are associated with withdrawal in more severe cases, hypertension is a known autonomic sign, and tremors are a classic early sign. In practice, management focuses on preventing progression with benzodiazepines, thiamine, and careful monitoring.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://nursmgmtspopulationsofmentalhealth.examzify.com>

We wish you the very best on your exam journey. You've got this!

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